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# Florida Department of State
## Division of Corporations
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(((H15000215929 3)))


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To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813)435-3176
Fax Number : (713)429-1276

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

**Email Address:** _____

**FLORIDA PROFIT/NON PROFIT CORPORATION**
**NICOLE ALVAREZ ATTORNEY AT LAW, PA**

| | |
|---|---|
| Certificate of Status | 0 |
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| Page Count | 03 |
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TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

Tuesday, September 08, 2015

H15000215293

# ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

***ARTICLE I NAME***

The name of the corporation shall be: NICOLE ALVAREZ ATTORNEY AT LAW, PA

***ARTICLE II PRINCIPAL OFFICE***

Principal **street** address

14707 SW 42 WAY

MIAMI, FLORIDA 33185

Mailing address, *if different* is:

P.O. BOX 942351

MIAMI, FLORIDA 33194

***ARTICLE III PURPOSE***

The purpose for which the corporation is organized is: PROFESSIONAL ATTORNEY SERVICES

***ARTICLE IV SHARES***

The number of shares of stock is: *1000 SHARES AT 10 CENTS PAR VALUE*

***ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS***

Name and Title: NICOLE ALVAREZ, DPST

Address: P.O. BOX 942351

MIAMI, FLORIDA 33194

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

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TALLAHASSEE, FLORIDA

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Name and Title: _____ Name and Title: _____

Address _____ Address: _____

_____ _____

_____ _____

***ARTICLE VI REGISTERED AGENT***

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Name: THE LAW OFFICES OF NICK SPRADLIN, PLLC

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

***ARTICLE VII INCORPORATOR***

The **name and address** of the Incorporator is:

Name: NICKOLAS J. SPRADLIN

Address: 2202 N. WEST SHORE BLVD. STE 200

TAMPA, FLORIDA 33607

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***ARTICLE VIII EFFECTIVE DATE:***

Effective date, if other than the date of filing: _____. (OPTIONAL)

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

***Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity***

_____ 09/08/2015

Required Signature/Registered Agent Date

***I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.***

_____ 09/08/2015

Required Signature/Incorporator Date